

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 4518-0108PUS1																																																		
Application No. 10/524,520-Conf. #3426		Filing Date October 31, 2005		Examiner B. Duffy																																																		
Art Unit 1643																																																						
Applicant(s): Hans LOIBNER et al.																																																						
Invention: USE OF ANTIBODIES AGAINST A TUMOR-ASSOCIATED ANTIGEN																																																						
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="7" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;"></th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><b>Total Claims</b></td> <td style="text-align: center;">41</td> <td style="text-align: center;">- 46 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">55.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>Independent Claims</b></td> <td style="text-align: center;">4</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">220.00</td> <td style="text-align: right;">220.00</td> </tr> <tr> <td colspan="6" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Other fee (please specify):</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="6" style="padding: 5px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: right;"><b>220.00</b></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity           <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>  <input type="checkbox"/> No additional fee is required for this amendment.  <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>220.00</u>.                A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.  <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> Credit any overpayment.  <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.           </div> </div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center; font-size: 1.2em; margin-bottom: 10px;">#47,604</p> <p>              Leonard R. Svensson              Attorney Reg. (No.): 30,330           </p> <p>             BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP              12770 High Bluff Drive              Suite 260              San Diego, California 92130              (858) 792-8855           </p> </div> <div style="width: 35%; text-align: right;"> <p>Dated: <u>November 6, 2008</u></p> </div> </div>						CLAIMS AS AMENDED								Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		<b>Total Claims</b>	41	- 46 =	0	x	55.00	0.00	<b>Independent Claims</b>	4	- 3 =	0	x	220.00	220.00	Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>							Other fee (please specify):						0.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>						<b>220.00</b>
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